



Paso Fino Horse Association, Incorporated

4047 Iron Works Parkway, Suite 1, Lexington, KY 40511 (859) 825-6000 FAX (859) 258-2125 www.pfha.org

DUPLICATE CERTIFICATE REQUEST AND TRANSFER APPLICATION

Current Recorded Owner

Last Name: _____ First Name: _____ Middle Initial: _____ PFHA #: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ E-Mail Address: _____

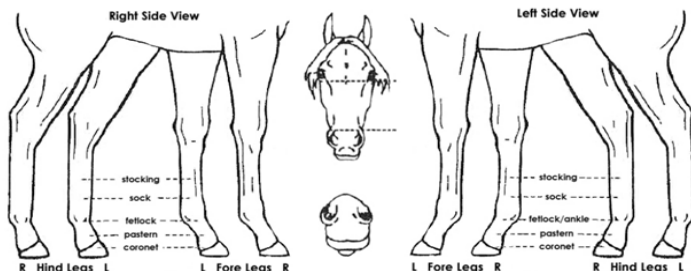
Horse Horse's Registered Name: _____

Horse's Registration Number: _____ Date of Birth: ____/____/____ (MM/DD/YYYY)

Sex of Horse: Mare Gelding Stallion (Please select one) Date of Castration: ____/____/____ (MM/DD/YYYY)

The Original Certificate of Registration for this horse was lost under the following circumstances: _____

Check here if no face markings Check here if no leg markings



Color Bay Black Brown Buckskin Chestnut Cremello
 Dun Gray Grulla Palomino Perlino Roan White Pinto

Outline all markings of the horse on the diagram.
 Select a base color from the options listed. If your horse is pinto, please also select a base color.

Please submit approximately three (3) color photos, showing the face, legs, both sides and any markings.

The original form and notarization must be MAILED to PFHA.

Transfer:

New Recorded Owner(s) (Person(s) to whom the horse is being transferred):

Last Name: _____ First Name: _____ Middle Initial: _____ PFHA #: _____
 Last Name: _____ First Name: _____ Middle Initial: _____ PFHA #: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Fax: _____ Email: _____

I, (we) the current recorded owner(s) do hereby attest that the information contained on this form is true and accurate to the best of my(our) knowledge, and the horse described on this form is alive and that the Certificate of Registration was lost as described above.

Additionally, if the Transfer Section of this form is completed, it is my understanding the duplicate Certificate of Registration will be recorded by the Paso Fino Horse Association, Inc. as such and issued in the new owners name.

(Signature of Recorded Owner)

(Signature of Recorded Owner)

Sworn before me this _____ day of _____, 20__

Notary Public in and for _____

County of _____

Signature of Notary Public: _____

My Commission Expires: _____

Original form and notarization must be mailed to PFHA

INSTRUCTIONS FOR PROCESSING THIS FORM:

1. This form is used in the event that a Certificate of Registration has been lost and a transfer is pending. This form can be used for the sole purpose of obtaining a duplicate Certificate of Registration, pending all requirements are met.
2. Please include an explanation of the loss of the original certificate. All erasures or alterations on this form will require verification.
3. Upon approval by the PFHA Registry, a duplicate Certificate of Registration, so marked, will be issued to the recorded owner of the horse (or the new owner if Transfer Section has been completed).
4. The signature of the recorded owner, for both the transfer and the Duplicate Certificate must be notarized.
5. Please submit two (2) photographs of the horse. Outline all markings on the horse on the diagrams.
6. If the new owner is eligible to be an Amateur Owner, please complete and submit an Application for Amateur Owner/Senior Amateur Owner Card. The Amateur Owner/Senior Amateur Owner Card Application can be downloaded from the PFHA website at www.pfha.org
7. Mail this form and payment of \$75.00 for the Duplicate Certificate and \$55.00 for the transfer of ownership for the horse and, if applicable, the Amateur Owner/Senior Amateur Owner Card Application to:
Paso Fino Horse Association; 4047 Iron Works Parkway, Suite 1; Lexington, KY 40511

METHOD OF PAYMENT: (Do Not send cash.)

Amount Due for Duplicate Certificate ONLY.	\$75.00 for members	\$125.00 for non-members	
Amount Due for Duplicate Certificate AND Transfer.	\$130.00-members	\$250.00 non-members	\$195.00 w/membership purchase

Amount Paid: \$ _____

Check/Money Order Payable to PFHA VISA MASTERCARD AMEX

Card Number: _____ Expiration Date: _____ Security Code: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Card Holder's Signature: _____